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ENABLING EQUITABLE HEALTH REFORMS PROJECT IN ALBANIA

FIRST ANNUAL REPORT–FY2011

(OCTOBER 1, 2010 – SEPTEMBER 30, 2011)

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ENABLING EQUITABLE HEALTH REFORMS (EEHR) PROJECT IN ALBANIA

FIRST ANNUAL REPORT – FY2011

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1. LIST OF ACRONYMS

ADHS	Albanian Demographic and Health Survey
CME	Continuing medical education
COP	Chief of Party
CSO	Civil Society Organization
DHS	Demographic and Health Survey
EEHR	Enabling Equitable Health Reforms Project
GOA	Government of Albania
HII	Health Insurance Institute
IPH	Institute of Public Health
INSTAT	Institute of Statistics
KRA	Key Result Area
LDP	Leadership Development Program
LSMS	Living Standards Measurement Study
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NCCE	National Center for Continuing Education
NCQSA	National Center for Quality, Safety, and Accreditation
NGO	Non-government organization
ODA	Overseas Development Agency
PBMP	Performance-Based Monitoring Plan
PHC	Primary health care
PIR	Project Intermediate Result
QR	Quarterly Report
STTA	Short-term technical assistance
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

2. EXECUTIVE SUMMARY

This First Annual Report for the Enabling Equitable Health Reforms in Albania Project (EEHR) covers the period of October 1, 2010 – September 30, 2011. EEHR is a five-year USAID-funded project which began October 2010 with the objective to improve and expand access to essential health services by the poor of Albania. In order to meet that objective, the project is working closely with the Government of Albania (GOA) to support the implementation of health reforms.

In Year 1, the project office was opened in Tirana, fully staffed and equipped, and the requisite bank accounts and registration obtained. The project has established contact and collaborative working relationships with GOA counterparts and other stakeholders. The project was launched in April 2011 with an event attended by GOA representatives, USAID, leaders of the key health institutions of the country (government and non-government), donors, and other stakeholders. This event offered an opportunity to bring these actors together and to agree on key issues in the sector for the project and stakeholders to address, including better donor coordination and the establishment of an overarching governing mechanism for the sector.

In Year 1 of the EEHR project, activities have focused on the core of Phase 1: studying the landscape, identifying challenges and opportunities to implementing reform to expand access for the poor, developing analysis criteria and tools, and collaborating with key health actors to agree on each step of the process of identifying priority reforms and project activities in the regions. A number of assessments, studies, and activities came together in Year 1 to support the establishment of the overarching health sector governance mechanism and initiate discussions with the stakeholders on priority reform areas, EEHR project activities, advocacy strategy and activities, and indicators of success. Three consultancies conducted in Year 1 are central to this Phase of activities: Health Sector Governance Review; Review of the Monitoring and Evaluation (M&E) Function and Technical Assistance; and a Health Insurance Institute (HII) Review.

In addition, a media audit and secondary research and analysis of access to health care services by the poor were conducted. Plans were drafted to create an Advocacy Strategy, and develop a Health Steering Committee (Consultative Working Group). The Leadership Development Program (LDP) was initiated and the EEHR staff began to implement a project/sector research agenda. The EEHR project team and consultants conducted over 70 technical meetings and 5 field trips during the year.

The project faced few challenges, with the exception of a tight schedule for conducting the three reviews, which occurred around the time of the local elections. In addition, the highly collaborative approach of establishing the priority reform implementation areas and an overarching health reform coordinating body resulted in some delays in activities. One such delay is the implementation of the Small Grants Project which provides grants of up to $25,000 to NGOs engaged in health sector advocacy, service delivery, or other related activity supporting EEHR project goals. Some activities conducted have been added since the approval of the Year 1 work plan (such as regional fact-finding/feasibility testing trips).

Project management in Year 1 was in flux, as the original Chief of Party (COP) departed in February 2011, and a series of interim COPs led the project until a permanent COP, John Rockett, arrived at post on September 4, 2011. Project activities have continued as planned despite the lack of consistent leadership.

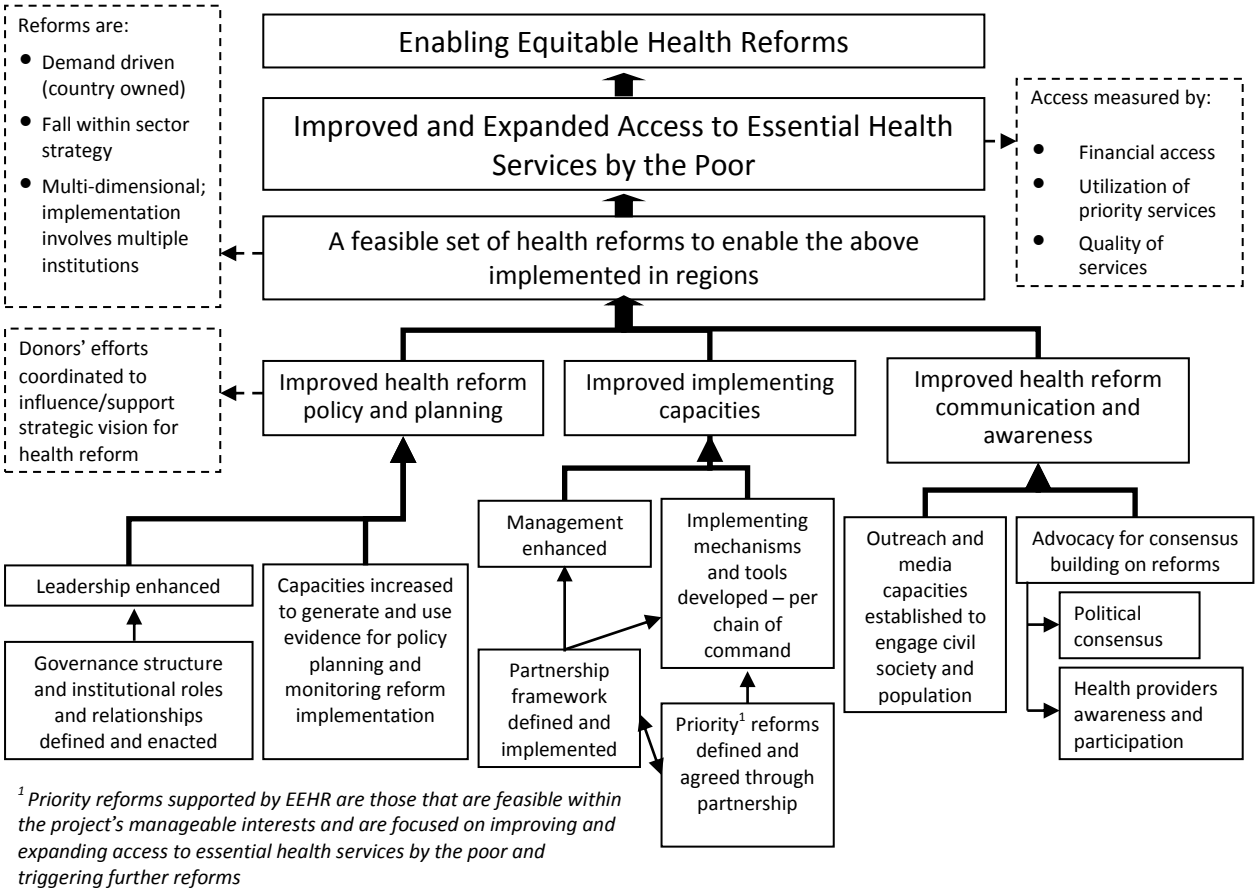
The project is under-spending slightly, as the grants program and some training activities were postponed to better align with the timing of the process of collaborative determination of priority reforms for implementation.

3. PROJECT OBJECTIVE AND APPROACH

The primary objective of the EEHR project is to improve and expand access to essential health services by the poor of Albania. The project will achieve this objective by creating an enabling environment in Albania for effective implementation of a priority set of health reforms. Selected reforms will increase and expand access to health care services, particularly among the poor. Results achieved through implementation will be measured by analysis of indicators of financial access, utilization of priority essential health services, and the quality of care of the priority services accessed by the poor.

The EEHR Project is organized by an over-arching results framework. The results framework is consistent with the four priority components of the Ministry's Health Sector Strategy: 1) increasing the capacity to manage services and facilities in an efficient way; 2) increasing access to effective health services; 3) improving health system financing; and 4) improving health system governance.

EEHR RESULTS FRAMEWORK



[1] *Priority reforms supported by EEHR are those that are feasible within the project's manageable interests and are focused on improving and expanding access to essential health services by the poor and triggering further reforms*

4. MANAGEMENT OVERVIEW

Year 1 of the EEHR project was characterized by rapid deployment and staffing, an influx of international and Albanian short term technical support, and relatively frequent changes at the COP level of the project. The EEHR project team established a project office, acquired vehicles and other project equipment, opened necessary bank accounts and registered the project as a legal entity.

Immediately following the effective date of the contract, Abt Associates communicated with USAID personnel in Albania and USAID's E&E Bureau in Washington, engaged in rapid recruitment of the key personnel, and arranged for deployment of the Chief of Party to Tirana, Albania. This rapid deployment led to three Abt Associates staff arriving in Tirana by late October, and for successful deployment of the Chief of Party for the EEHR Project by October 31st. By the end of the 1st Quarter, the Project was nearly fully staffed. In the third quarter, the EEHR Project added one staff member and contracted a number of short-term consultants to implement project activities.

Early in the project, Abt Associates also put subcontracts in place with project partners O'Hanlon Health Consulting and Management Sciences for Health. O'Hanlon Health Consulting provides short-term technical assistance in policy processes, involvement of non-state actors, and advocacy activities. MSH provides short-term technical assistance to build leadership and management skills of key stakeholders at national and regional levels to implement health reforms.

One overarching management issue that the project was faced with in Year 1 was a lengthy absence of a permanent COP. After the departure of the original COP in February, the project was led by a series of interim COPs – Jim Statman (experienced Abt Associates COP working on EEHR temporarily), Zamira Sinoimeri (Senior Advisor), and then Altin Malaj (Technical Advisor). During this period, weekly staff meetings and weekly calls to Abt Associates' home office for technical, finance, and administrative support were instituted, as were more frequent meetings with USAID. Lisa Tarantino also provided management and technical support. The EEHR team was highly motivated to conduct all planned activities and submit all deliverables on time during this period. After an extensive search, Abt Associates proposed and USAID approved William "John" Rockett, an experienced health policy, reform implementation and health system management specialist as the new permanent COP. Mr. Rockett posted to Tirana on September 4, 2011.

As of the end of Year 1, the project is staffed as follows:

- John Rockett – Chief of Party
- Zamira Sinoimeri – Senior Advisor
- Ilirjan Hasani – Finance and Administration Manager / Grants Manager
- Dorina Tocaj – Technical Advisor
- Altin Malaj – Technical Advisor
- Mirela Cami – Technical Advisor, M & E Specialist
- Ornela Palushaj – Project Information Manager
- Manuela Basha – Administrative Assistant
- Abdi Hatibi – Driver

In addition to the Tirana-based staff, the project is supported by Abt Associates' home office in Bethesda by the following:

- Mark McEuen – Portfolio Manager
- Lisa Tarantino – Senior Technical Advisor

- Suzanne Powell – Contract Administrator
- Slavea Chankova – Research and M & E Advisor

George Purvis, Flora Hobdari, and Ainura Ibraimova were contracted as short-term consultants to conduct the review of HII. Cheryl Cashin conducted a short-term assignment delivering TA to the Ministry of Health (MOH) M&E department and also conducting an assessment of capacity building needs in the M&E framework, including recommendations for EEHR activities.

Joanne Jeffers of O'Hanlon Health Consulting and Grace Chee (Abt Associates) conducted the health sector governance review. Ms. Jeffers returned in the final quarter of the year to support the internal meetings with stakeholders to review the findings of the three assessments, research findings on access to health services by the poor, to begin to prioritize policy reform implementation activities and to support the development of an Advocacy Strategy. Susan Post of Management Sciences for Health (MSH) conducted an analysis of leadership and management training interests among top health sector leadership.

Lastly, Raimonda Nelku was contracted as a short-term media and communications specialist to conduct a media audit.

5. ACTIVITIES AND PROGRESS UNDER PROJECT INTERMEDIATE RESULTS

SUPPORT DONOR COORDINATION IN THE HEALTH SECTOR

EEHR has been coordinating its activities with other donor and development partners, particularly the World Health Organization, World Bank, and Swiss Cooperation.

One of the main activities of EEHR project during the reporting year is the project launching event, which served to introduce the EEHR project but more importantly engaged all of the stakeholders (government and non-government) into the policy dialogue on health reform status, issues, and the way forward. Donor organizations which have been very active over the last 10 years in the Albanian health sector were approached prior to this activity and their engagement was crucial in designing the technical content of the launching event and more particularly of the two forum discussions:

- The way forward to effective health system reforms in Albania; and
- Coordination among key health institutions and the donor community.

The role of donors in developing and facilitating these sessions was crucial to the success of the Project Launch Event.

As donors are envisioned to be key partners in the implementation of health reform efforts in the country, they informed and participated in the three key reviews supported technically by the EEHR project (Governance Review, HII Institutional Review, and M&E Review) review of Governance in the Health

Key donors engaged include: World Health Organization, World Bank, Swiss Cooperation, UNFPA, USAID funded C-Change project. EEHR staff and consultant teams reviewed the activity maps of the various donors and incorporated this information into the technical design of the three reviews conducted. Donors were consulted in the process of project research activities as well as in the design of project advocacy-communication strategy.

The four mechanisms developed by EEHR to ensure donor coordination are the following:

1. Understanding and working to comparative advantages;
2. Build on and expand effective donor approaches in Albania;
3. Share strategies and plans; and
4. Meet regularly to share implementation progress and challenges.

In this framework, EEHR, in addition to organizing consultative meetings, has initiated the development of an Overseas Development Agency (ODA) activity map, to be submitted in Year 2 of the project. The ODA Activity Map will collect all the information concerning donors' activity in the Albanian health sector and will be shared and discussed with all the key stakeholders in the Albanian health sector as an aid in coordinating activities. EEHR explored other possible mechanisms to review and coordinate donor projects and plans with the MOH, including the establishment of the Consultative Working Group (a.k.a. Health Sector Steering Committee). EEHR did not support MOH to regularly conduct quarterly health sector donor/project coordination meetings in Year 1, rather it is envisioned that these meetings will be a component of the Consultative Working Group to be formalized in Year 2.

PIR 1: IMPROVED HEALTH REFORM POLICY AND PLANNING

KRA 1.1: Governance Structure and Institutional Roles and Relationships Defined and Enacted

The main progress highlights of the year towards improving governance included:

- The project completed three reviews including a Governance Review, a Review of the Health Insurance Institute and a Review of the Monitoring and Evaluation Function
- The main findings of these reviews were shared with key stakeholders in the MOH, HII and other health institutions
- The Governance Review mapped roles and responsibilities as per existing policies and regulations as well as gaps in existing functions and activities of the various actors.
- The project organized two workshops at which key government stakeholders prioritized the review recommendations according to their feasibility and potential for advancing health reform. The priority reform areas identified during this process will be shared with health sector leaders in the next quarter and the project will work with them to achieve consensus on the priority areas for health reform implementation.
- To advance establishment of a policy dialogue mechanism, EEHR staff prepared a rationale for such a mechanism and discussed it with key decision makers. As a result, MOH officials established an Expert Working Group tasked with determining the regulatory framework and Terms of Reference for a reform coordination mechanism by the end of October.

Activity 1.1.1: Describe Governance Structure and Institutional Roles and Relationships

The Governance Review maps the governance structures, systems and operations of key health sector institutions, identifies critical issues regarding the effectiveness of their implementation of the reform mandates and recommends measures to improve the clarity, operational efficiency, capacity and delivery of the system and its key institutions. After being reviewed by the staff, the Review recommendations were shared with high level officials in both the MOH and HII. EEHR then organized two prioritization workshops, the first with key technical staff from HII and the second with key technical staff of the MOH, National Center for Quality, Safety and Accreditation (NCQSA), Institute of Public Health (IPH) and National Center for Continuing Education (NCCE.) Participants were asked to prioritize the review recommendations according to their potential for impact and their feasibility. There was notable consistency in the selection of priority reform areas. The priority areas selected by participants were:1) clarifying institutional roles and responsibilities; 2) strengthening overall governance of the sector; 3) improving the quality of services; 4) payment reforms; 5) improved development of action plans to achieve reforms; 6) need for better coordination of activities to achieve goals; 7) need for a forum in which health institutions can better coordinate activities; and 8) need for strengthened M&E capacity, especially at the regional level. Results of these prioritization workshops will be presented to key decision makers in all health institutions in an effort to reach consensus for the priority areas for health reform and agree upon the best way EEHR can support the GOA in these efforts.

As an agenda item of the internal meetings of the key health sector institutions facilitated by EEHR in September 2011, EEHR facilitated a discussion of findings and recommendations from Governance Review study including issues related to gaps and overlaps among institutions activities and functions.

Activity 1.1.2: Conduct HII Institutional Review

EEHR conducted an in-depth institutional review of HII to assess its readiness and capacities to perform existing tasks and take on new responsibilities in the health sector. The last five years have seen many changes in the legislative framework affecting HII which have forced the organization to

undergo rapid growth and change. While HII has managed this growth relatively well, the review team felt the organization could benefit from a process to revise its organizational structure and prepare it for the additional challenges it will be facing as it scales up financing of hospitals. This is of particular importance as HII works to transition from historical budgeting to developing budgets and plans that are responsive to regional needs. In the prioritization meeting with HII staff, among the priority areas for health reform implementation were: support HII to transition to a strategic purchaser and support HII to revise its organizational structure in order to better fulfill its responsibilities. In the next year, EEHR will work with HII to strengthen its strategic planning and financial management capacity.

Activity 1.1.3: Establish Policy Dialogue Mechanism (e.g., Health Sector Steering Committee)

EEHR has discussed with key health institutions and donors the need to strengthen collaborative policy formulation. During the Project Launch, EEHR facilitated a forum discussion with MOH and WHO on the need for a mechanism to facilitate policy dialogue. Then the project developed a rationale for a forum to improve coordination of health reform implementation and discussed the rationale with key decision makers to learn their views. Reaction has been consistently supportive of the need for a body to coordinate health activities, including at the two workshops for selection of the priority areas for reform implementation. Because of the positive reaction, EEHR decided to take advantage of a previously scheduled meeting of the Monitoring and Evaluation Reference Group to discuss the legislative framework and the terms of reference for a Health Reform Implementation/ policy dialogue mechanism. The Minister of Health opened the meeting expressing his feedback on the reviews and studies presented by the project and the planned discussion about the proposed Health Reform and Policy Steering Mechanism. He requested that the reviews be revised to use more recent data and more adequately present the achievements of the health sector to date including improvements in primary health care, implementation of drug standards to ensure quality, and improvements in hospitals. The Minister stated the need for an expert group to improve health reform implementation. The Director of the General Directory of Policy and Health Planning organized a process that will identify the appropriate membership, develop the terms of reference, identify potential satellite working groups focused on technical issues, and discuss formation of a coordinating mechanism in the first quarter of Year 2.

KRA 1.2: Leadership Enhanced

Activity 1.2.1: Develop and Implement Targeted LDP

In this particular area, EEHR leverages the technical expertise of project partner MSH which provides expertise in leadership and management capacity building. The Leadership Development Program (LDP) to be implemented by EEHR is intended to support the priority policy implementation agenda of the Government of Albania.

Over the last quarter, an MSH consultant worked with the EEHR team in Albania to identify leadership training needs among health sector counterparts and to initiate identification of potential participants and project topics for the first LDP to be conducted with national-level government staff members. Consultancy activities included:

- Meeting with stakeholders and decision-makers to explore the leadership challenges and priorities, as well as potential activities in addressing the key health sector issues in Albania.
- Identification of key leadership and management gaps for use in tailoring the LDP to the needs of the local constituents.
- Determining if there are any refinements that need to be made to the standard LDP program to customize it to the needs of Albania and document any edits/refinements needed.

- Advise on and provide materials to be adapted and tailored to the country leadership development needs.

- Development of an implementation plan for the LDP, including a plan for EEHR Year 2 activities.

The findings of this consultancy will be submitted in a technical report in the first quarter of Year 2, and the determination of the policy priorities will orient the development of the first LDP which will be implemented in Year 2.

KRA 1.3: Capacities Increased to Generate and Use Evidence for Policy Planning and Monitoring Reform Implementation

Activity 1.3.1 Generate and Use Evidence from M&E Process to Promote Evidence-Based Policy Planning

A. Review of the M&E Function and Technical Assistance

EEHR project recruited and deployed an international consultant (Cheryl Cashin) to conduct a review with the purpose to provide support to the process of institutionalizing and fully operationalizing the M&E framework developed by the MOH and the other national health sector institutions, including the IPH, HII, NCQSA, NCCE. The consultant, with support of the EEHR Team, conducted a review and assessed gaps in the needed capacity to perform functions, including training needs, and designed training programs for national and regional-level institutions. In addition, the consultant provided specific recommendations, including indicators and sources of data, for harmonizing the EEHR project PBMP with the overall health sector monitoring and evaluation framework.

The assessment was conducted in May 2011. The specific objectives of this activity were to provide expert technical assistance to the EEHR project, MOH M&E Department and Working Groups, to use the Health Sector Monitoring System under the M&E framework as a tool that will provide:

- Information, analysis and evidence to use in the process of health sector priority-setting and policy development; and

- Ongoing dialogue to address current and emerging health sector challenges and ensure effective coordination of all stakeholders in the health sector; and

- Input to harmonize the EEHR PBMP with the national health sector monitoring system indicators.

An M&E Round Table was conducted in May 2011. More than 30 technical-level professionals from MOH, HII, IPH, NCQSA, and NCCME actively participated in a discussion of the Milestones process and results for nearly four hours. The meeting confirmed that the Health Sector Monitoring System has taken root and, although the processes and products need to be better standardized and institutionalized, all of the health sector institutions are actively participating and contributing.

B. Ongoing Support for the M&E Department and Core Working Group.

The EEHR M&E Specialist has been providing ongoing support to the new M&E Department and M&E Working Group through regular meetings. The support was provided mostly to strengthen M&E products and the M&E process.

The EEHR support to the M&E Department includes the following elements:

- Work Plan—EEHR project supported the M&E Department to develop an Annual Work Plan based on their terms of reference and agree on areas for EEHR support;

- Templates for processes—EEHR project and M&E Department identified key processes that need to be strengthened to implement the work plan, they developed templates for the

processes, and EEHR project provided intensive support to the process initially, with support gradually decreasing and ownership of the M&E Department gradually increasing. The key processes identified are regular meetings of M&E Department with Core Group members as well as discussion sessions of M&E Sector with technical people from health institutions.

- Templates for products—identified key products that are the responsibility of the M&E Department, developed templates for the products, and provided intensive support to prepare the product the first time, with support gradually decreasing and ownership of the M&E Department gradually increasing. The main products produced by the M&E Department and M&E Core Group with the support of the EEHR-Project are:
  - An updated Health Sector Activity Map 2011;
  - The first Annual Health System Performance Assessment Report for 2009;
  - The first health Sector Milestones Report 2010 (report on the progress of each national health sector institution toward achieving its milestones over the previous year); and
  - Milestones for 2011 identified /updated.

The Year 1 plan had been for the initial M&E Review to be conducted along with training for national M&E professionals. However, as the EEHR project began working more closely with the M&E function, it became clear that the near term priorities of the assignment should be: 1) delivering international technical assistance; 2) assessing training and capacity building needs and providing recommendations to meet those needs with and without project support; and 3) aligning the EEHR project PBMP with health sector M&E indicators. Given the changes in the international consultant's SOW per the approval of the COTR, EEHR proposed in the third quarterly report that the following Year 1 work plan activity deadlines be extended to Year 2:

- Conduct M&E training for national-level institutions;
- Based on review, prepare an action plan to build M&E capacity in M&E Department/sectors in each key institution and at regional level; and
- Train management of each institution to analyze and use data generated from the M&E system (through milestones tracking) to more effectively monitor the performance of the institution against their work plan.
- During the last quarter based on the list of the activities planned for the first year, EEHR supported MOH/ M&E Department to conduct an orientation meeting on the M&E Framework and processes with Regional Public Health Departments. The meeting was conducted on September 20, 2011 with the following objectives:
- Inform all Regional Public health departments and Regional Health Insurance Directorates regarding to the M&E Framework and processes;
- Share and discuss with them the activities done from MOH and other national stakeholders in the health sector to prepare and approve this important document (the M&E Framework);
- Update stakeholders on the status of implementing the health sector M&E system at the national level; and
- Discuss with them the options and challenges of implementation of M&E Framework at the regional level.

The EEHR M&E Specialist met with key counterparts to organize this activity and to agree on the objectives of the meeting, the agenda and the list of participants

More than 45 participants attended the meeting, including representatives of M&E Department in the MOH, Regional Public Health Departments (the Director of RPHD and the Head of the M&E sector) and the Director of HII-Regional Directorate. The staff of M&E department and members of M&E working group presented in detail the M&E Framework Document. All participants actively discussed the possibilities, challenges, and difficulties of the implementation of the document at the regional level. During the meeting the group reached consensus on the following issues:

- This round table should be replicated and organized at the regional level
- People at the regional level need more detailed information and clarification regarding to this Framework document, meaning define clearly the rules and responsibilities of each institution, who will report, what and where, etc.
- Strengthening of the M&E capacities the regional level is required in order to implement this Framework

Another ongoing support offered from the EEHR-Project to the MOH/M&E Department and M&E working group was to organize and conduct the Reference Group Meeting.

The meeting was conducted on September 29, 2011 and the objectives were to:

- Approve the documents and reports prepared by the M&E Department and M&E working Group. The documents are as follows:
  - Health System Activity Map 2011
  - Milestones 2011
  - Milestones Report Progress 2010
  - Health System Performance Report 2009
- Based on findings from these reports prepare an action plan and identify the activities that will contribute to fill the gaps.

The 25 participants included the Minister of Health, all members of the Reference Group (Directors of key Departments in the MOH and National Health Institutions, HII, IPH, NC CME, NC QSA), and some key members of the M&E Working Group. All participants actively discussed the findings of the Milestone Progress Report 2010 and Health System Performance Report 2009. They approved all the documents prepared by the M&E Department and M&E working group as: Health Sector Activity Map 2011, Milestones 2011, Milestone Progress Report 2010 and Health System Performance Report 2009. At the end, they agreed to prepare an action plan and identify the activities that will contribute to fill the gaps. The action plan will be discussed and finalized at the next meeting of the Reference Group as decided.

During this year, 10 stakeholder meetings (M&E Core Working Group) have taken place with a focus on sharing and validation of findings. Data sources for the research focusing on the poorest and most vulnerable included available data from household surveys implemented in Albania: Demographic and Health Survey 2008-09 and Living Standards Measurement Study 2009.

Activity 1.3.2: Generate and Use Evidence from Special Studies to Promote Evidence-Based Policy Planning

Increasing use of data for evidence-based decision making within Albanian health sector is a key objective for the EEHR project in the effort to strengthen the intelligence collection as part of the stewardship function of the health system. The EEHR project employed in May 2011 a Technical Advisor to design and implement special studies, in coordination with MOH and other government health agencies that would identify key health system barriers to reform. In addition, secondary analysis of household data was conducted to identify the poor and under-served that the project and

the counterparts are trying to reach with essential services through reform interventions. The focus of the research was:

- Location and characteristics of the poor;
- Health patterns of poor/vulnerable groups;
- Access to health services;
- Perception of governance and quality of services;
- Health insurance coverage and payments for health care
- Financial impediments to accessing health care and medical expenditure patterns of poor/vulnerable groups

This activity led to the establishment of a small informal research group with representatives from Institute of Public Health and from Health Insurance Institute in June 2011. The research topics as well as the following research and presentations developed by the group were shared and discussed during the regular meetings of the M&E Core Working Group (with representatives from MOH, IPH, HII, NCQAA, NCCME etc), as well as with EEHR project staff and representatives of the USAID/Tirana Health Team.

This activity served not only as a platform for generation and use of data for evidence-based decision-making but also as a research analysis capacity-building effort for those institutions that have a research function.

A series of PowerPoint presentations were developed and disseminated with counterparts with a focus on identification of the poorest and most vulnerable, and how they differ from the rest of Albanians when it comes to how they access the health services; utilization of services, coverage with health insurance and payment for health care. Another presentation shared focuses on the barriers that the poorest and most vulnerable face when it comes to accessing health services and provides suggestions for key directions in removing such barriers.

Two specific presentations were developed by representatives of IPH and HII, as part of the research group:

- Fairness on Allocation of Resources and Costs for PHC Services (based on HII Annual Report 2010 data); and
- Understanding Determinants of Risky Health Behaviors for the Poorest and Most Vulnerable (data source Albania Demographic and Health Survey 2008-09).

PIR 2: IMPROVED IMPLEMENTING CAPACITIES

KRA 2.1: Partnership Frameworks Defined and Implemented

Activity 2.1.1 Partner with Key Health Institutions

The main highlights of the reporting year in defining and implementing partnership frameworks include: The conduct of the three reviews – Governance, M&E, and HII – in close collaboration with key health institutions to best meet their needs. The EEHR team has started the internal discussions for the areas of collaboration with MOH that will be negotiated under the MOU. The first draft of the MOU has been developed, and the team has started the process of sharing and discussing it with the MOH.

Given the need to establish the overarching MOU with the MOH, as well as to identify priority areas of reform and project activities by the end of November 2011, in the 3rd Quarterly Report, EEHR

proposed that the following Year 1 work-plan activity deadlines be extended to Year 2 (provided they are approved in a Year 2 work-plan):

"Informed by findings of the institutional reviews and under the MOU/framework agreement, develop bilateral, task-oriented agreements with key health institutions on methods and content of collaboration with EEHR. Plan and implement quarterly meetings with key health sector institutions to establish and strengthen relationships with the project and to monitor implementation of activities under agreements/MOUs." It is envisioned that these activities will be outgrowths of the soon-to-be established Consultative Working Group.

Activity 2.1.2 Facilitate Productive Relationships with Non-State Actors in the Health Reform Process

Civil Society Organizations (CSOs) have an important role to play in strengthening the health system. They can:

- Represent stakeholders and educate them on particular health issues (stakeholders might include citizens, health providers, whomever has an interest in the issue);
- Engage in dialogue with health officials and other stakeholders to address key issues;
- Review actions of the health system to ensure that concerns are being addressed;
- Collaborate with health providers on activities to address health issues.

Considered as very important stakeholders in the reform process, NGOs, provider associations and others attended and actively participated along-side government actors in the EEHR Project launch in April 2011. Provider association and private sector representatives were interviewed in the course of the Governance and HII Reviews and their current and potential roles in the health sector were explored in the course of these assessments. It is important to highlight cooperation and meetings organized with NGOs, including the Order of Physicians, Order of Nurses, Order of Pharmacists, and private hospitals.

A focus group with representatives of the most active NGOs in the Albanian health sector was organized in the last quarter of the year. This focus group explored:

- What are NGOs currently doing to improve health of the population?
- How do they see their role in making changes to the health system?
- What are the major gaps they see in the health system today? Particularly in the areas of quality of care and responsiveness to the health needs of the population?
- What changes would they like to see?
- How do they think that change can happen?
- Do they feel they receive enough information to see if the change has happened, what information would they like to receive? How?
- What would they like there role to be in changing the health system?
- What would they need to play that role?

The information collected through structured interviews and through focus groups' discussions will orient the development of the advocacy strategy in Year 2 of the project, with emphasis on engaging and strengthening the role of CSOs throughout the health reform process.

KRA 2.2: Management Enhanced

In this reporting period, HII, MOH, and other key health institutions participated in the Governance, M&E, and HII reviews which resulted in recommendations towards improving governance and management of the MOH and HII as well as the overall health sector. Based on the consultative meetings with HII management structures as well as based on the HII institutional workshop organized in the last implementing quarter there have been prioritized recommendations that concern directly management improvement of the HII, including (conduct of an internal strategic planning process to ensure that the organizational structure and internal management systems facilitate the transition of the organization towards a "strategic purchaser" of health services; etc.). The institutional workshops generated other recommendations that concern management improvement of hospital sector as well as the overall management structures in the health institutions including consolidation and strengthening of hospitals; health institutions should develop action plans to achieve the vision and monitor implementation; strengthen planning processes of the MOH and HII to implement policies and be more responsive to regional health needs. Activities under this KRA will begin in Year 2.

KRA 2.3: Priority Reform Areas Defined and Agreed through Partnership

The main highlights of the quarter were:

- Utilization of public data to inform selection of priority reform areas; and
- Dialogue with health sector institutions to identify priority reform areas.

Activity 2.3.1 Utilize Publicly Available Data and Reports to Inform Selection of Priority Reform Areas

The EEHR project has utilized data available from two major household surveys that collected valuable information on health status, health services utilization and health care spending from Albanian households:

1. Albania Demographic and Health Survey (ADHS) 2008-09: ADHS 2008-09 was designed and implemented by INSTAT and IPH under the supervision of the MOH and with support from many other international partners, most notably the USAID. The ADHS report came out in March 2010. This survey provided important information in identification of the poorest households in Albania, their access-related issues as well as health insurance coverage.

2. Living Standards Measurement Study (LSMS) 2008: The LSMS 2008 Albania was implemented by INSTAT with support from UNDP. Previous LSMS surveys have also been implemented first in 1996, and later in 2002, 2004 and 2005. This survey provided important information on utilization patterns of health services, payments for health services and more importantly for estimation of catastrophic payments for health services.

Both surveys provided a good snapshot of poverty areas (pockets) as well as issues related to access and utilization of health services by the poorest, their health insurance coverage and payments for health care. Ten PowerPoint presentations were developed, disseminated and discussed with stakeholders during regular meetings of the M&E Core Group as well as in two Workshops with representatives of HII (September 21, 2011 and September 28, 2011).

The analysis of the publicly available data provided important conclusions and recommendation to the activities of the EEHR project and partner institutions in Albania. With specific reference to the barriers that the poor and most vulnerable face when trying to access the health services, some of the recommendations were:

- Removing barriers to essential health services for the poorest in Albania requires coordinated efforts in:

- Reducing poverty overall, increasing urbanization and investment in rural infrastructure;
- Increasing HI enrollment and reduction of out-of-pocket and informal payments; provision of a free package of services for families fitting the profile of the poorest; and
- Increasing availability and choice of services, improving quality of medicines, and establishing formal mechanisms of complaints/follow-up.

Activity 2.3.2 Dialogue with Health Sector Institutions to Identify Priority Reform Areas

Year 1 activities for KRA 2.3 are focused on a number of detailed, measurable process steps to analyze the situation to understand obstacles to implementing reforms that will help improve access to essential health care services, discuss strategies to overcome these obstacles with counterparts, and begin a process to come to consensus on a limited set of health reforms that will be feasible to implement and have an impact on improving access to health services, particularly for the poor.

To this end, in Year 1 EEHR has shared and discussed key findings and recommendations from the Governance, M&E and HII reviews with high officials of health institutions through individual and group meetings, and obtained their feedback on the technical content and on the dissemination plan for a larger scale of stakeholders (July-September), engaging technical experts from health institutions in follow-up meetings. At the end of Year 1, EEHR facilitated working group meetings with representatives of various MOH departments and other health institutions to begin a process of analyzing data and review findings, and creating a short list of priority reforms for implementation.

The identification of priority reform areas that the EEHR project will technically support will be finalized early in Year 2 in collaboration with counterparts and upon the approval of USAID.

KRA 2.4: Implementing Mechanisms and Tools Developed – per Chain of Command

The main objectives of the year were:

- Identify the poor and underserved target groups; and
- Define priority essential health services.

Activity 2.4.1 Conduct Analysis to Identify Poor and Under-Served Target Groups and Understand Health Care Spending

As explained in Activity 2.3.1 latest data available utilized to analyze poverty and its impact in accessing health services as well as spending for health care were the ADHS 2008-09 and LSMS 2008 Albania. Based on the methodology developed by DHS survey experts we used the wealth index to identify the poorest and most vulnerable. While the geographic distribution of the poorest households was scattered in poverty pockets throughout Albania, the top three prefectures with highest percent of poorest households were Kukes, Diber and Elbasan. About 98.5% of all poorest households are in rural areas. The demographic profile of the poorest households is that of a rural household of 5 or more members, one of which is 5 years old or younger, and 1 in 7 such households the head was a female. This demographic profile can be used to target households that can be qualified to receive free 'essential' services provided by the government.

The findings suggest that poverty areas are marked by lower health insurance coverage; increased spending for health services by the poorest (as share of their monthly household expenditures); delayed care as it is difficult to pay for services; and, deterioration of health status resulting from such delays. Households in poorest areas also share the perception that improvements needed most in health services include attention of health personnel, official costs of service and quality of medicaments.

EEHR project used the secondary research conducted to identify and enhanced understanding of the poor, their locations, characteristics, and barriers to accessing health care, (see below) to inform the criteria for selecting prefectures (regions) in which the project will support reform implementation. In Year 1, EEHR developed criteria for regional selection which was vetted with USAID and counterparts. The project developed a plan for regional assessments and research tools such as interview protocols, focus group guides, and a matrix to measure compliance with health policies and regulations. The six initial Rapid Regional Assessments were initiated in Year 1 with a visit to Lezhe. The rest of the assessments will take place in the first quarter or Year 2, with the goal of selecting, in collaboration with counterparts, the first two regions for project activities.

Activity 2.4.2 Define Priority Essential Health Services for the Poor to Which Access will be Increased

This activity was not implemented during Year 1. Despite the preparatory work done by project staff, primarily in assembling all the relevant legislation governing the provision of essential health services, EEHR and USAID continue to discuss the vision and direction for this activity Early in Year 2, EEHR will continue to explore and negotiate a common understanding for this activity with local stakeholders and USAID.

PIR 3: IMPROVED HEALTH REFORM COMMUNICATION AND AWARENESS

KRA 3.1: Outreach and Media Capacities Established to Engage Civil Society and Population

The reporting quarter marked significant progress in initiating the design process towards developing an advocacy and communication strategy. The development of the advocacy strategy will go through three main consecutive steps which will be complementary to each other:

1. Establishment of the policy reform framework which will facilitate the process of defining the advocacy goals that the project will promote throughout its implementation life;
2. Target audience research. Once the stakeholders have been identified, the EEHR team can analyze stakeholders' knowledge on the policy objectives, their position and attitudes on the policy objective, other interests of the audience, and what types of resources the audience can bring to bear while promoting the policy objective; and
3. Communication audit. The audit has evaluated four areas of the communication environment: formal channels, informal channels, support organization and context and media and information environment. The audit has been conducted from the perspective of the specific reform and will identify the channels, actors and mediums appropriate for the policy reform effort.

Activity 3.1.1 Recruit Media Expert

A media consultant was contracted in the third quarter of the year to conduct a situation analysis to facilitate the design and implementation of media-communication activities. The overall objective of the media expert's activities on the EEHR project is to enhance participatory processes throughout reform design and implementation and to contribute to embedding democratic principles and transparency. Understanding communication coverage and outlets in Albania is key to developing an effective advocacy and communication strategy. With technical support provided by O'Hanlon Health Consulting, the foundation of the design of an advocacy strategy has been outlined, which will have the communication plan as a core element.

Activity 3.1.2: Conduct Situation Analysis

The last five years reflect progress on awareness about health issues and specific coverage of this sector from the media. The channels of communication have advanced in the dissemination and

information exchange taking into account public interest. With regards to the private print and broadcast media, there are more channels to address the issues and concerns about health.

Media, especially television, has played a role in investigating or raising the voice, in giving their support to certain vulnerable target audience with regards to different issues concerning health of the population. Yet, the media has to increase awareness about key points of the reforms, addressing messages to different stakeholders that are part of this reform, or to the wide public which is affected by how the reform is implemented.

Participation of the media in this process through a defined strategy is crucial for the implementation of reform in the health sector. There is more to be accomplished in this regard in order to bring in focus the key issues that require addressing, and sending out the message to the right audience, aiming behavior change.

The media expert of the EEHR project has completed the communication audit in the fourth quarter of the reporting year which covers the following topics:

- Effective media/communication channels to reach/engage population, including the web and social media;
- Costs associated with media/communication channels and venues;
- Key counterparts (e.g., NGOs involved in media (Albania Media Institute), health institution PR/outreach units) and assess their functions, potential level of engagement in health activities, and capacity; and
- Gaps in awareness/information of media/journalists.

The situation analysis conducted by the media expert gives a clear picture of media's involvement on covering and addressing health issues to different stakeholders and the audience at wide. The information gathered and processed, identifies the channels of mass media operating in Albanian territories. It discusses the policies followed by newsrooms of newspapers and televisions, in regards to coverage of the social issues, and more specifically the health issues.

It questions the journalists' awareness on the importance of health issues, and investigates the depth of journalists' reporting. Due to the impact that television has on wide audiences, it provides data to show how televisions rank according to viewer survey results. In addition, it discusses the television's performances on coverage of social issues. The analysis specifically focuses on highlights of health reports that demonstrate scope of the news most reported by televisions and newspapers.

From the analysis are identified the television programs dedicated to health issues, as well as in health related publishing such as in newspapers or magazines. From the analysis we are able to conclude, which are the most efficient communication channels for project activities target audiences.

Through this analysis there have been established contacts with key media and media associations and with the network of journalists that cover health issues. The project has discussed collaboration opportunities for the future and collected information about the costs of production and broadcasting.

This analysis will orient the development of a strategy for the dissemination of the messages to the different target audiences, using efficient communication channels as it will serve for planning and setting an agenda for capacity building activities with journalists.

Activity 3.1.1 Agree on Outreach, Media Strategies and Develop Media Plan

After the priority reform areas are selected early in Year 2, EEHR will initiate the process of developing outreach and media strategies in order to ensure a broad participation and engagement

in the reform process and that health reform related messages get transmitted at the level of different stakeholders.

KRA 3.2: Advocacy for Consensus Building on Reforms

Activity 3.2.1 Conduct Advocacy Activities to Achieve Political Consensus

Based on the advocacy efforts planned by the project, consensus was reached to organize a Project Launch Event as the first forum for discussion around Albanian health reforms and planned project support, where all the key stakeholders and interest groups were invited to provide their valuable thoughts and feedback on this process.

The Project Launch took place on April 8, 2011 in Tirana. There was participation and representation of key professionals from the MOH, HII, Faculty of Medicine, and other national and international organizations, with the main objective: to increase advocacy for and communication about health reform within the GOA, the health sector, donors, and among the general population to promote on-going support and momentum for the reform process.

A continuous and persistent process of working with all the key partners in health reform, has concluded in the design and implementation of the three technical assessments conducted under the framework of EEHR project. The three technical assessments have produced lists of key recommendations considered to be health reform priorities to be addressed with the technical assistance of the project. These lists were condensed and recommendations prioritized in the institutional workshops organized with the key government health institutions over the last quarter creating so a narrowed focus for the project. The definition of key health reform priorities will be strongly coordinated and agreed upon with all the key stakeholders in a wider consensus meeting, thus advocacy tactics will be crucial. The key recommendations will be converted into advocacy goals for the project, and stakeholders will be organized accordingly.

Activity 3.2.2: Advocate for Increased Awareness and Participation of Health Providers in Health Reforms

As proposed in the Year 1 Work Plan, this activity did not yet begin in the first implementation year. However EEHR has held consultative meetings with professional associations, including the Order of Physicians, Order of Nurses and the Order of Pharmacists, to solicit their ideas and suggestions in planning and implementing joint activities to support health care reforms, as the health care workforce will undoubtedly be at the center of several of the priority reforms selected for implementation. The activities will be planned according to the list of priority reform areas that will receive the technical assistance of the EEHR project.

6. PROJECT CHALLENGES AND OBSTACLES

Three different studies were implemented in a narrow time frame (within one month), with very ambitious agenda regarding the themes to be covered, as well as a complex logistical arrangement process (the project made efforts to adjust project activities with stakeholders' schedules). Given these factors, the reviews were conducted very smoothly. It is perhaps a testament to the perceived value of the reviews that the stakeholders were cooperative and generous with their time and resources.

The second minor obstacle was that it was learned relatively late in the planning process of the Reference Group meeting in September that the Minister of Health had a different idea regarding the establishment of an overarching health policy and reform steering committee out of the Reference Group. Rather, he had an idea to establish a working group of select individuals (including EEHR COP John Rockett) to determine the composition and TOR of the new group, that will be more of a Consultative Working Group, charged with coordinating policy implementation as opposed to policy creation.

7. TECHNICAL MEETINGS AND FIELD VISITS

The following table collects all the meeting and field visits that occurred in the last three months. For previous meetings and fields trips please see the Quarterly Reports submitted.

Activity	Date	Persons
Meeting: Inform members of M&E Working Group with additional data that come from LSMS and ADHS. Share and discuss with them different issues regarding to the M&E	July 5,2011	Members of M&E Working Group EEHR-Team
Meeting: Presentation of the data regarding to the morbidity in KUKES, Diber, Korce, Elbasan	July12, 2011	Members of M&E Working Group EEHR-Team
Meeting: Presentation on the risk factors and risky health conditions, knowledge on prevention and consequences among the poorest	July 19, 2011	Members of M&E Working Group EEHR-Team
Meeting: Presentation on governance issues	July 26, 2011	Members of M&E Working Group EEHR-Team
Meeting: presentation on health expenditures in PHC and hospitals	July 29, 2011	Members of M&E Working Group EEHR-Team
Meeting : Agree on the methodology and criteria's used in the selection of regions that we will start the assessment	August 18, 2011	Pellumb Pipero, Director of Policy Planning Department, MOH Altin Malaj, EEHR- project Mirela Cami, EEHR- project
Meeting : Agree on the methodology and criteria's used in the selection of regions that we will start the assessment	August 19, 2011	Naun Sinani, Adviser , HII Mirela Cami, EEHR- project
Meeting with the Health Journalist Club	September 1, 2011	Albert Gjoka – President of the Health Journalists Club, Eglantina Bardhi – Director of the 'Together for Life'
Meetings with media professionals (journalists, program directors)	July – August, 2011	Dorina Tocaj
Meeting :Presentation on health coverage .Payments for health Services	September 2, 2011	Members of M&E Working Group EEHR-Team
Meeting: Agree on date, agenda and the list of participants regarding to the M&E orientation meeting	September 8, 2011	Pellumb Pipero, Director of Policy Planning Department, MOH Mirela Cami, EEHR-Project
Meeting: Agree on date, agenda and the list of participants regarding to the M&E orientation meeting	September 8, 2011	Mirlinda Heidorn, Director of the M&E Department, MOH Staff of the M&E Sector, MOH Mirela Cami, EEHR- Project
Meeting: Agree on date, agenda and the list of participants regarding to the M&E orientation meeting	September 9, 2011	Naun Sinani, Adviser, HII Gazmend Koduzi, Director, PHC Department, HII Mirela Cami, EEHR- Project
Meeting: Work together with staff of the M&E department, HII, IPH to prepare, review and finalize the presentations for the M&E orientation meeting.	September 13-15, 2011	Staff of the M&E Sector Petraq Shtrepi, Head of M&E sector Ledia Xhafaj, specialist Sonila Rreshka, specialist Gazmend Koduzi, Director, PHC Department, HII Sonela Xinxo, IPH, specialist
Meeting: Agree on date, agenda and the list of participants regarding to the Reference Group	September 16, 2011	Pellumb Pipero, Director of Policy Planning Department, MOH Mirela Cami, EEHR-Project

Meeting.		
Meeting: Work together with staff of the M&E department to finalize the findings of the two reports and presentations for the Reference Group Meeting	September 19-21, 2011	Staff of the M&E Sector Petraq Shtrepi, Head of M&E sector Ledia Xhafaj, specialist Sonila Rreshka, speciaslist Mirela Cami, EEHR- Project
Meeting: Orientation meeting on M&E Framework and processes	September 20, 2011	Ministry of Health, Staff of M&E Department Regional Public health Department (Director and Head of M&E sector) HII-Regional Directorate, Director
Regional Assessment Field Visit in Lezha Region	September 23, 2011	Mr. Fatmir Dushkaj, Head of Family Medicine Sector/ Public Health Department/Lezhe Mrs. Albina Deda, the Director of HII –RD Mr. Novruz Bara, Director of Hospital EEHR-Team
Leadership Development Consultancy, Susan Post MSH Consultant	September 25, 2011	Erol Como, Family Medicine Sector – Department Chief, Gazmend Bejtja, Public Health Directory – Director
Leadership Development Consultancy, Susan Post MSH Consultant	September 25, 2011	Entela Shehu – NCCE Director
Leadership Development Consultancy, Susan Post MSH Consultant	September 28, 2011	Din Abazaj – President of the Order of Physicians Sabri Skenderi – President of the Order of Nurses Erion Dasho – Project Manager of the Telemedicine Center Polikron Pulluqi – Head of the Family Medicine Department, Faculty of Medicine
Meeting: Reference Group Meeting	September 29, 2011	Ministry of Health Members of Reference Group Members of M&E Working Group EEHR- Team
Leadership Development Consultancy, Susan Post MSH Consultant	September 29, 2011	Alban Ylli – Head of Department, IPH
Leadership Development Consultancy, Susan Post MSH Consultant	September 30, 2011	Elona Gjebrea – Director of the Albanian Center for Population and Development

8. DELIVERABLES SUBMITTED

During Year 1, the EEHR project submitted the following project deliverables:

1. Donor and Project Coordination Plan. November 13, 2010
2. Enabling Equitable Health Reforms Project in Albania. January 24, 2011. *First Quarterly Report – FY2011*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
3. Enabling Equitable Health Reforms Project in Albania. April 15, 2011. *First Year Work Plan – FY2011*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
4. Enabling Equitable Health Reforms Project in Albania. April 15, 2011. *Second Quarterly Report – FY2011*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
5. Enabling Equitable Health Reforms Project in Albania. May 16, 2011. *Trip Report – Albanian Health Insurance Institute Review.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
6. Enabling Equitable Health Reforms Project in Albania. June 9, 2011. *Trip Report – Review of Governance in the Health Sector.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
7. Enabling Equitable Health Reforms Project in Albania. June 15, 2011. *Trip Report – Monitoring and Evaluation Review and Technical Assistance.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
8. Enabling Equitable Health Reforms Project in Albania. July 1, 2011. *Trip Report – Lisa Tarantino.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
9. Enabling Equitable Health Reforms Project in Albania. July 14, 2011. *Third Quarterly Report – FY2011*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
10. Cashin, Cheryl. July 15, 2011. T*he Albania Health Sector Monitoring and Evaluation Function, Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
11. Chee, Grace and Joanne Jeffers, July 15, 2011. *The Albania Health Sector Governance Study, Technical Brief.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
12. Chee, Grace and Joanne Jeffers, July 15, 2011. *The Albania Health Sector Governance Study, Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates, Inc.
13. Purvis, George, Ainura Ibrahimova, and Flora Hobdari, July 15, 2011. *Albania Health Insurance Institute Review: Challenges and Opportunities, Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
14. Enabling Equitable Health Reforms Project in Albania. August 16, 2011. *Trip Report – Lisa Tarantino.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.

9. PERFORMANCE-BASED MONITORING PLAN (PBMP)

In Year 1, the EEHR project developed a preliminary set of indicators by which to assess the project's performance. EEHR's Performance-based Monitoring Plan (PBMP), below, creates life-of-project indicators that measure outputs of project activities at the PIR level and higher level indicators that measure outcomes of all activities across PIRs in increasing access to priority essential health services for the poor. Several of the project's indicators are also indicators under the MOH's M&E Framework.

The PBMP follows a typical format and includes indicators, their definition and unit of measure, type, data source, and frequency of collection. Baseline values are indicated as well as applicable Participants for each year of the project.

In Year 1, EEHR agreed with USAID on this initial set of indicates. As priority health reforms that EEHR will support are selected jointly with counterparts in Year 2, EEHR and partners will devise additional indicators that specifically measure the outcomes of selected reforms. This will be submitted to USAID for approval by the end of the second quarter of Year 2. At that time, targets will be assigned and achievements against indicators will be report by the end of Year 2.

Below are the preliminary indicators agreed for Year 1.

INDICATOR	Definition and unit of Measure	Type	Data Source	Frequency	Baseline	Target FY2011	Actual FY2011
Percent of people reporting informal payments for health care services in selected regions	Number of people reporting informal payments/total people surveyed Disaggregated by urban/rural, gender, socio economic status, public/private health care	Custom, Outcome/impact indicators	Survey	EOP indicator	TBD	NA	NA
Assessment of USG/USAID-assisted clinic facilities' compliance with clinical standards in selected regions	System Performance Measurements	Standard Output Indicator	Facility Survey	Quarterly	TBD	NA	NA
Number of improvements to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG/USAID assistance	This indicator will measure the number of improvements to laws, policies, regulations or guidelines related to improve access to and use of health services Disaggregated by type	Standard Output Indicator	Project Reports	Quarterly	TBD	NA	NA
Number of new approaches successfully introduced through USG/USAID supported programs	This indicator will measure the number of approaches, mechanisms and tools introduced to support health reform policy planning and implementation	Standard Output indicator	Project reports	Quarterly	TBD	NA	NA
Number of institutions with improved management information system	This indicator show progress in MIS capacities in the health sector key institutions: MOH, HII, IPH, CCME, NCSA	Standard Output Indicator	Project Reports	Quarterly	0	NA	5

INDICATOR	Definition and unit of Measure	Type	Data Source	Frequency	Baseline	Target FY2011	Actual FY2011
Number of people trained in M&E	This indicator measures the number of people trained to generate and use evidence for policy planning Disaggregated by gender and type	Custom Output indicator	Project reports	Quarterly	0	0	0
Number of institutions assisted by EEHR to improve governance	This indicator will measure the number of key health institutions that will implement at least one recommendation made by the project that lead to improved governance Disaggregated by national/Regional	Custom Outcome Indicator	Implementing partners and project reports	Quarterly	0	0	0
Percentage of agreed priority recommendations implemented by the institutions to improve governance	This indicator will measure the progress of fully implementation of the agreed priority recommendations between the project and the implementing institutions Number of implemented recommendations/total number of agreed recommendations Disaggregated by area and region	Custom Outcome Indicator	Project reports	Quarterly	0	0	0

INDICATOR	Definition and unit of Measure	Type	Data Source	Frequency	Baseline	Target FY2011	Actual FY2011
Number of recommendations made by the new Consultative Working Group	This Indicator will measure the number of recommendations made, policy papers written and other important outcomes Disaggregate by type	Custom Outcome Indicator	Project reports	Quarterly	0	0	0
Number of EEHR-assisted civil society organizations that engage in advocacy and watchdog functions	This indicator will measure the number of CSOs that are actively engaged in these functions relative to the design and implementation of health reform , and are able to demonstrate that they are so engaged. Disaggregated by health profile/non health profile organizations	Standard, Output indicator	Project Reports	Quarterly	0	0	0
Number of people trained in Leadership Development Programs	This indicator will measure the number of participants involved in the LDPs Disaggregated by gender and level of authority national/region	Custom Output indicator	Project reports	Quarterly	0	0	0
Number of special studies conducted	This indicator will measure the number of Special studies conducted by EEHR to promote Evidence-Based Policy Planning and reform implementation	Custom, Outcome Indicator	Project reports	Quarterly	0	1	1

INDICATOR	Definition and unit of Measure	Type	Data Source	Frequency	Baseline	Target FY2011	Actual FY2011
Number of advocacy activities conducted to achieve consensus on health reform	This indicator will measure the number of activities (e.g., workshops, round-tables, debates) conducted with a variety of stakeholders	Custom, Outcome Indicator	Project Report	Quarterly	0	0	0
Number of stakeholders involved in activities/trainings to improve health reform communication and awareness	This indicator will measure the number of stakeholders involved in media and outreach activities Disaggregated by gender and type	Custom, Output Indicator	Project reports	Quarterly	0	0	0